

CITY OF SAN JOSE DEFERRED COMPENSATION PLAN CATCH-UP PROVISION ENROLLMENT FORM

Name _____

Date of Birth

Address

Date of Hire

City, State _____

Phone Number_____

Social Security

Other Number

Employee I.D.#

Department

CATCH-UP PROVISION REQUIREMENTS

1. I understand that I can only defer amounts which WERE NOT deferred under plan limitations during taxable years after December 31, 1978.

Initial

2. I understand that the amount deferred cannot exceed the maximum amount allowed during the current taxable year plus the maximum amount that could have been deferred for all eligible prior years. Effective January 1, 2009 the limit is \$33,000 and may continue to increase annually in increments of \$1,000 for cost of living.

Initial

3. I understand that the normal retirement age chosen below is **IRREVOCABLE**, and that the catch-up provision is only effected for the three years **PRIOR TO THE CALENDAR YEAR** in which I reach that normal retirement age.

Initial

4. I understand catch-up can only be used once. If a participant is eligible to defer \$33,000, but actually defers \$16,500. The \$16,500 not deferred cannot be made up in another year.

Initial

5. Leave Payout- I understand that I may be eligible to defer a portion of my leave payout upon retirement.

Initial

ACCOUNT HISTORY

[illegible]

UNUSED DEFERRAL \$

Amount currently deferred per pay period \$

YEARS ELIGIBLE

I elect to contribute the following additional amount per pay period\$

COMMENCING ON

TOTAL DEFERRED AMOUNT PER PAY PERIOD \$

I HEREBY DESIGNATE AGE _____ WHICH I WILL ATTAIN IN THE YEAR _____, AS MY NORMAL RETIREMENT AGE FOR PURPOSE OF USING THE CATCH-UP PROVISION.

I understand that this election is **irrevocable** after I begin using the Catch-Up Provision.

Signature of Participant _____

Date _____

Authorized Signature of Plan Administrator/Employer

Date _____